

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025819

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6697

STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis, Mo

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis county

c. CITY

OR

TOWN

Lemay

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Firmen Desloge

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

3361 Ringer Rd

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Nellie

Middle

Elizabeth

Last

Dollar

4. DATE

OF

DEATH

Month

Day

Year

6

25

63

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☒

8. DATE OF BIRTH

7-6-13

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Birch Tree, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Pierce, Edward

13b. MOTHER'S MAIDEN NAME

Malone, Helen

14. NAME OF HUSBAND OR WIFE

Robert Dollar

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Ida Mae Razor, 5128 Herbert Place

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest

INTERVAL BETWEEN ONSET AND DEATH

May 5 - June 25

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized peritonitis

DUE TO (c)

Multiple perforations of small bowel

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

578x

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

June 20

to June 25

and last saw her alive on June 25

Death occurred at

8:00 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Morris W. Smith M.D.

22b. ADDRESS

Firmen Desloge Hospital

22c. DATE SIGNED

6/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-27-63

23c. NAME OF CEMETERY OR CREMATORY

Birch Tree Cemetery

23d. LOCATION (City, town, or county)

Birch Tree, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Duncan Funeral Home, Mountain View, Mo.

25. DATE RECD. BY LOCAL REG.

JUN 26 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY/AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

240087

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61

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J W Dinkley

Licensed Embalmer No. _____

P. O. Address _____

*3653
St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.